

NOTICE OF FEE DUE

DATE: 01-29-02

TO: \_\_\_\_\_

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 10054504



A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☒ Insufficient fee by check

☐ Insufficient funds in deposit account

☐ Declined credit card

☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: \_\_\_\_\_ amount \$ \_\_\_\_\_

The suspended fee code: 197 amount - \$ \_\_\_\_\_

Fee Due amount =\$ \_\_\_\_\_

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator Hiro

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number  
Selection of Optimal  
Medication Methodology

## CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	370.00	
TOTAL CLAIMS (37 CFR 1.16(c))	20 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY	
RATE	FEE
	\$370
x \$	= 0.00
x	= 0.00
+	= 0.00
TOTAL	370

OTHER THAN SMALL ENTITY	
RATE	FEE
	\$
x \$	=
x	=
+	=
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* Minus **	=
	Independent (37 CFR 1.16(b))	* Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

AMENDMENT B	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* Minus **	=
	Independent (37 CFR 1.16(b))	* Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* Minus **	=
	Independent (37 CFR 1.16(b))	* Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	=
x	=
+	=
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 = *	0
INDEPENDENT CLAIMS	19 minus 3 = *	16
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**SMALL ENTITY  
TYPE** ☐

OR

**OTHER THAN  
SMALL ENTITY**

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	370

OR

OR

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